## PART B - FEE(S) TRANSMITTAL

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APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET	NO. CONFIRMATION NO.		
10/705,534	11/10/2003		Paul Alexander	02-15		5407	
TITLE OF INVENTION	: PRESSURE SUPPORT	I SYSTEM WITH ACTI	VE NOISE CANCELLAT	PREV. PAID ISSU	E FEE TOTAL FEE(S	S) DUE DATE DUE	
nonprovisional	NO	\$1440	\$0	\$0	\$1440	11/28/2008	
EXAM		ART UNIT	CLASS-SUBCLASS	1			
DOUGLAS, STEVEN O		3771	128-204180				
1. Change of correspond			2. For printing on the	patent front page, li	st	chael W. Haas	
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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PLEASE NOTE: Un	less an assignee is ident	ified below, no assigned	e data will appear on the portion of the portion of the portion of the date of	patent. If an assign assignment:	ice is identified below	, the document has been filed for	
(A) NAME OF ASSI		piction of and torm is it	data will appear on the patent. If an assignee is identified below, the document has been filed for YT a substitute for filing an assignment:  (B) RESIDENCE: (CITY and STATE OR COUNTRY)				
	stments, LL		Wilmington, Delaware, USA				
Please check the appropr	riate assignee category of	r categories (will not be p	orinted on the patent):	Individual 🛂 C	orporation or other pri-	vate group entity Government	
4a. The following fee(s)  Alssue Fee  Publication Fee (1)  Advance Order -	No small entity discount		<ul> <li>ib. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>Payment by credit card. Payment Proceedings and previously authorized herewith</li> <li>The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0558 (enclose an extra copy of this form).</li> </ul>				
5. Change in Entity Sta	OF CMAIL FNTITY stat	us. See 37 CFR 1.27.	☐ b. Applicant is no lo	nger claiming SMA	LL ENTITY status. So	ee 37 CFR 1.27(g)(2).	
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